

**SANTA ROSA COUNTY ANIMAL SERVICES
APPLICATION FOR DOG/CAT STERILIZATION
FLORIDA ANIMAL FRIENDS GRANT**

DATE _____ REFERRED BY _____

NAME _____ ADDRESS _____

CITY _____ ZIP _____ PHONE (HM) _____ (WK) _____

***ONLY ONE(1) ANIMAL PER APPLICATION**

Circle one: Dog Cat Circle one: Male Female Animal Name _____
Breed Description _____

Color _____ Weight _____

Has your dog or cat been vaccinated against rabies? Yes No
If yes, please list the name/number of the veterinarian who administered the vaccination _____

*Applications will not be accepted without proof of current rabies vaccinations.

*Income must be within the guidelines listed below or proof of a type of public assistance as listed below can be used

Please check the appropriate box(es) that apply

HOUSHOLD INCOME GUIDELINES

Family Size Gross monthly income

- ☐ 1 \$1,127
- ☐ 2 \$1,517
- ☐ 3 \$1,907
- ☐ 4 \$2,297
- ☐ 5 \$2,687
- ☐ 6 \$3,077
- ☐ 7 \$3,467
- ☐ 8 \$3,857
- ☐ 9 \$4,247

PUBLIC ASSISTANCE

- ☐ Medicaid
- ☐ Food Stamps
- ☐ WIC Women Infants and Children
- ☐ Free School Lunch Program
- ☐ SSI Supplemental Social Security Income
- ☐ Other Assistance Program _____

*Florida Reference Table: TFSS-Food Stamp Eligibility Standards

1st Income-Employer _____ Phone _____
2nd Income-Employer _____ Phone _____

I certify that I am the sole owner of the above animal. I have read or someone has explained the sterilization procedure to me. I understand that Santa Rosa County is not involved beyond the agreed amount with the provider/veterinarian that is assigned to me. I authorize Santa Rosa County to contact any program under which I am claiming eligibility for the sole purpose of eligibility verification. Santa Rosa County reserves the right to use the veterinarians who agreed to participate and schedule appointments for equitable disbursement of funds. I understand that completing an application does not necessarily guarantee approval. Santa Rosa County reserves the right to deny any applicant providing false or incorrect information. I understand that any additional services/fees agreed upon, prior to or after the surgery, are solely between the veterinarian and the owner, and are not the responsibility of Santa Rosa County Animal Services.

Signature of Owner _____ Date _____

Bring in the application to

Santa Rosa County Animal Services
4451 Pine Forest Road
Milton, FL 32583
(850)983-4680 Monday – Friday 8:00am-4:30pm

FOR ANIMAL SERVICES USE ONLY

Appt Date/Time _____ / _____ / _____ : _____
Vet _____

Animal Services Staff _____

FAF NO _____